

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 09 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 3854.00
City Minneapolis	State MN	Zip Code 55402
Purpose of Expenditure Radio	Category/Type	Transaction ID : D711485 Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 22 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 14544.37
City Minneapolis	State MN	Zip Code 55402
Purpose of Expenditure Video Production	Category/Type	Transaction ID : D711486 Date of Disbursement or Obligation MM / DD / YYYY 04 / 08 / 2016
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	18398.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
04 / 09 / 2016

Signature